

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

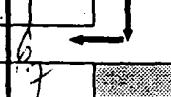
CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3	2					
4	1					
5	8					
6	1					
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS



TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

